Senate Armed Services Committee

Questions for the Record

Hearing on 12/04/19, #19-79

“To receive testimony about servicemember, family, and veteran suicides and prevention strategies”

**Senator Warren**

Military Sexual Trauma and Mental Health

1. Dr. Orvis, Captain Colston, and Dr. Miller, some former members of the Armed Forces who are survivors of military sexual trauma (MST) may not meet the definition of veteran as defined in section 101 (2) in Title 38. Do you believe that expanding MST counseling at Vet Centers (i.e., centers for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code) to all former members of the Armed Forces, regardless of time in service or where they served – assuming no Dishonorable Discharge or a discharge by court-martial – would help reduce gaps in access to mental health services for reservists and members of the National Guard in relation to their active duty counterparts?
	1. Dr. Orvis
	2. Captain Colston
	3. Dr. Miller
2. Dr. Miller, according to a recent report by the House Veterans Affairs Committee, “During the last 7 years, Readjustment Counseling Service (RCS) has provided 15 retreats to approximately 400 recently returning women veterans. Pre-retreat assessments and post-retreat evaluations have shown significant decrease in posttraumatic stress symptomology, and excerpts from feedback forms illustrate the positive experiences of participants.” This is a women-only pilot program. Given its apparent success, do you believe it could benefit women veterans’ mental health to make this program permanent?
	1. Dr. Miller
3. Dr. Miller, do you believe it could be beneficial to expand the RCS program in retreat settings beyond women veterans to include other veterans enrolled in the VA health care system, former members of the Armed Forces, and eligible survivors and dependents of veterans?
	1. Dr. Miller

VA Capacity to Care for At-Risk Veterans

1. Dr. Miller, there are approximately 40,000 health care personnel vacancies within the VA. These vacancies undermine the VA’s capacity to deliver mental health care services in a timely manner. Is the VA currently taking every reasonable step to fill vacancies in mental health professionals?
	1. Dr. Miller
2. Dr. Miller, do you need additional authorities from Congress to adequately address vacancies in mental health professionals at the VA?
	1. Dr. Miller
3. Dr. Miller, in your written testimony, you acknowledge the introduction of proposed legislation, *The Improve Well-Being for Veterans Act (S. 1906/H.R. 3495)*, which “would require VA to provide financial assistance to eligible entities […] through the award of grants to provide and coordinate the provision of services to Veterans and Veteran families to reduce the risk of suicide.” In order to maintain veterans’ continuity of care and ensure accountability for that care, would you agree that it is important for any outside mental health services organization receiving a grant or a contract from the VA to keep veterans connected to the VA’s mental health services and programs and protect these programs?
	1. Dr. Miller
4. Dr. Miller, in your written testimony, you acknowledge the introduction of proposed legislation, *The Improve Well-Being for Veterans Act (S. 1906/H.R. 3495)*, which “would require VA to provide financial assistance to eligible entities […] through the award of grants to provide and coordinate the provision of services to Veterans and Veteran families to reduce the risk of suicide.” Please describe the criteria that the VA should use to ensure that only reputable organizations and other entities receive grants to provide mental health care services to veterans.
	1. Dr. Miller
5. Dr. Miller, in your written testimony, you acknowledge the introduction of proposed legislation, *The Improve Well-Being for Veterans Act (S. 1906/H.R. 3495)*, which “would require VA to provide financial assistance to eligible entities […] through the award of grants to provide and coordinate the provision of services to Veterans and Veteran families to reduce the risk of suicide.” What is the VA’s measure of success in such a program?
	1. Dr. Miller

Social Media

1. Dr. Orvis and Captain Colston, in your written testimony, you observed, “We will also teach young Service members how to recognize and respond to suicide ‘red flags’ on social media – to help Service members recognize how they can reach out to help others who might show warning signs.” Is this effort integrated with any ongoing DoD efforts to educate servicemembers regarding attempts by foreign adversaries (e.g., governments and their proxies and agents) to influence servicemembers as part of their malign influence campaigns?
	1. Dr. Orvis
	2. Captain Colston

Mental Health Challenges of National Guard Members

1. Dr. Orvis and Captain Colston, in your written testimony, you observed that “National Guard members face unique challenges in comparison to their Active Component counterparts[.]” One of the ways you noted that the Defense Department is working to expand their access to mental health care services is “working closely with National Guard Bureau (NGB) to better understand this unique and critical force, and assist in identifying unique protective factors, risks, and promising practices related to suicide and readiness in the National Guard.” Please describe your office’s work with the Massachusetts National Guard to reduce suicides among members of the Guard in the Commonwealth, including any notable achievements or milestones.
	1. Dr. Orvis
	2. Captain Colston

Measuring Effectiveness of Suicide Prevention Programs

1. Dr. Orvis and Captain Colston, in your written testimony, you observed that the Defense Department “has developed a joint program evaluation framework to better measure effectiveness of our non-clinical suicide prevention efforts. This evaluation will inform retention of effective practices and elimination of ineffective practices.” Would you be willing to share a copy of this framework, when complete, with members of the Committee?
	1. Dr. Orvis
	2. Captain Colston
2. Dr. Orvis and Captain Colston, in his written testimony, Dr. Kessler observed, “The idea has been discussed for many years of implementing an inception survey for all DoD personnel beginning service in order to assess pre-enlistment mental disorders, childhood adversities, and other risk and resilience factors for suicidality that might profit from early intervention. Army STARRS carried out such a survey and the results continue to be very important as we follow soldiers over nearly a decade.” Dr. Kessler continued, “An ongoing inception survey of this sort for all new recruits coordinated across all DoD branches might be of considerable value in pinpointing new personnel for early intervention as well as for obtaining information that could be used to help guide precision treatment planning.” Do you agree?
	1. Dr. Orvis
	2. Captain Colston
3. Dr. Kessler, based on your experience, what is your assessment of the effectiveness of suicide prevention and related mental health care programs implemented by the DOD and the VA for servicemembers and veterans in Massachusetts.
	1. Dr. Kessler
4. Dr. Kessler, what is your assessment of the partnerships between academic institutions in Massachusetts and the DoD and the VA with regard to suicide prevention and related mental health care programs assisting servicemembers and veterans? In your response, please include ways, if any, that these partnerships could be improved.
	1. Dr. Kessler

Combating Stigma in Seeking Mental Health Care

1. Dr. Orvis and Captain Colston, in your written testimony, you noted that “the Department is piloting a barrier reduction training designed to address the most prevalent help-seeking concerns of Service members (e.g., career and security clearance loss concerns, loss of privacy and confidentiality), and encourage Service members to seek help early on, before life challenges become overwhelming.” Please describe the stakeholders (e.g., servicemembers, clinicians, etc.) that the Department has consulted in developing this training.
	1. Dr. Orvis
	2. Captain Colston

Mandatory Separation Health Assessment

1. Dr. Orvis and Captain Colston, as you assess trends in mental health care and suicide prevention, are there any improvements that you would recommend at this time to the mandatory separation health assessment?
	1. Dr. Orvis
	2. Captain Colston

Opioids

1. Dr. Orvis and Captain Colston, in your written testimony, you noted that medication is a commonly used method for attempting suicide and that “DoD has an opiate overdose death rate that is one-fourth of the civilian rate” due, in part, to efforts such as “pharmacy controls for all opiate medications.” Do these pharmacy controls include declining to fill an opioid prescription under certain circumstances or partially filling opioid prescriptions?
	1. Dr. Orvis
	2. Captain Colston

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Insertions for the Record

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*Gillibrand/Colston, Orvis, Miller, McKeon, and Kessler*: Page 63-64, Lines 19 – 2: Provide a recommendation to the committee for how to address the disclosure requirements by the chain of command to report mental health issues.